

Nevada State Board of Physical Therapy Examiners



810 S. Durango Drive, Suite 109 · Las Vegas, NV 89145
Phone (702) 876-5535 · Facsimile (702) 876-2097

REQUEST FOR NAME CHANGE

Pursuant to NAC 640.055, if a licensee changes his name after his license is issued, he must submit, within 30 days after the change, proof satisfactory to the Board that his name was legally changed. If the change of name resulted from marriage or a court decree, a copy of the marriage certificate or court decree must be submitted to the Board. In that regard, you may use this form to change your name with the Board.

Please provide a copy of the appropriate legal document, this completed form, and a check or money order for \$25 made payable to the Nevada State Board of Physical Therapy.
We will mail you a new current license and a new permanent license.

PLEASE PRINT LEGIBLY

CURRENT NAME _____

NEW NAME _____
Please provide complete name

SIGNATURE _____

DATE _____

BOARD OFFICE USE ONLY

_____ database
_____ hard file
_____ renewal certificate
_____ permanent license
_____ website
_____ fsbpt website
_____ quickbooks